

## Parental Agreement

Please read the following statements, sign the declaration and return it to school or to a member of the WAC team.

### **1) General**

- 1) I agree to my child attending Wraparound Care at Heath Mount Primary School.
- 2) I agree that during school hours I will contact the school with any queries or amendments. I understand that failure to do so will result in being charged for pre-booked places.
- 3) If for any reason I find I am unable to collect my child I will contact the club as soon as possible to make alternative arrangements.

### **2) Expectations**

- 1) I agree that my child will be expected to play safely and within boundaries advised by staff and the school Behaviour policy. Should my child repeatedly behave in an inappropriate manner or demonstrate a serious breach of policy, I accept I may be asked to collect my child from the club.
- 2) Should any issues arise I agree to meet and discuss them with the appropriate member of staff at a mutually convenient time.

### **3) Medical**

- 1) I agree to my child receiving medication as instructed.

### **4) Financial**

- 1) I agree to give at least 2 weeks' notice if cancelling a place at the provision. Exceptional circumstances will be at the discretion of the Headteacher/Deputy Headteacher for refunds.
- 2) I will collect my child from the WAC provision by 5.30pm at the latest. I understand that failure to do so will result in being charged a £5.00 initial penalty, increasing to £10.00 per 15 minutes late. Exceptional circumstances will be at the discretion of the Headteacher/Deputy Headteacher.
- 3) In the circumstance where my child goes to an after-school activity and then attends WAC, I accept that I will be charged for the price of the full session booked, including their time spent in the after school activity. In the event that an after-school activity is cancelled, the child's place at WAC will remain reserved.
- 4) I will pay my fees promptly at the time of booking a session and should there be any issues, I will discuss them promptly with the School Office or relevant member of staff.
- 5) If for any reason I should fail to pay my fees at the time of booking, I accept that the following procedure will be applied:
  - a) Failure to respond to this reminder within two weeks will result in formal procedures commencing.
  - b) Failure to respond after formal procedures will result in my child no longer being able to attend the WAC provision.

**Child's Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

# AFTER SCHOOL CLUB REGISTRATION FORM



## HEATH MOUNT PRIMARY SCHOOL

### PUPIL DETAILS

Name of child:

Class:

Home Address:

### PARENT/CARER DETAILS

Title:

Full Name:

Relationship to child:

Address if different  
to pupil:

Telephone Home:

Mobile:

Work:

E-Mail:

### EMERGENCY CONTACT DETAILS

#### EMERGENCY CONTACT 1

Full Name:

Telephone Number:

Relationship to  
child:

#### EMERGENCY CONTACT 2

Full Name:

Telephone Number:

Relationship to  
child:

## PUPIL'S ETHNICITY AND LANGUAGE

Pupil's Ethnicity:

Language spoken:

## MEDICAL INFORMATION

Does your child have any medical conditions or needs? YES  NO

Will your child require medication whilst attending after school club? YES  NO

If yes, please give details:

## DIETARY INFORMATION

Does your child have any dietary needs or food allergies? YES  NO

If yes, please give details:

## PARENTAL PERMISSIONS

I give my child permission to participate in suitable activities such as arts and crafts and board games in after school club. YES  NO

I am happy for my child's photo to be used in publicity material to promote after school club, on the school website and internal displays. YES  NO

I am happy for my child to receive first aid treatment if necessary by our first aid trained staff. YES  NO

**PUPIL COLLECTION: PLEASE GIVE DETAILS OF WHO WILL BE COLLECTING YOUR CHILD FROM AFTER SCHOOL CLUB ON A REGULAR BASIS.**

Name:

Contact Number:

Relationship to pupil:

Password:

**I confirm that I have read and agree to the terms and conditions of the wrap-around agreement which is on the school website.**

Name Of Parent/Carer: \_\_\_\_\_

Signature Of Parent/Carer: \_\_\_\_\_

Date: